

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

15498

1. PLACE OF DEATH

County Texas
Township Upton
City _____ (No. _____)

Registration District No. 1028
Primary Registration District No. 2195

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs Annis Kincheloe

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H. Kincheloe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 2 - 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	66	10	20	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME Jessie M. Clean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Eliza Harmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT A. G. Kincheloe

(ADDRESS) Oklahoma City, Post Office

18. BURIAL, CREMATION, OR REMOVAL PLACE Kincheloe cemetery DATE April 23, 1934

19. UNDERTAKER (ADDRESS) _____

20. FILED May 11, 1934 Joe C. Stites Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 22 - 1934

22. I HEREBY CERTIFY, That I attended deceased from April - 19 - 1934 to April - 22 - 1934

I last saw her alive on April - 19 - 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
Small stones and ulcer of the stomache

I only saw the above patient one time

Other contributory causes of importance: _____

1726 1111

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Robert B. Tolley, M. D.

(Address) Plato, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 27 1934

